## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10640 364

| (Column 1) (Column 2)  |   |   |                   |                                |                           | SMALL ENTITY TYPE                  |          |                   | <b>O</b> D             | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|---|---|-------------------|--------------------------------|---------------------------|------------------------------------|----------|-------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |   |   | 19                |                                | (Ooidiiii) 2)             |                                    |          | RATE              | FEE                    | OR<br>I                    | RATE                |                        |
| FOR  |   |   | NUMBER FILED      |                                | NUMB                      | NUMBER EXTRA                       |          | ASIC FEE          | 375.00                 |                            | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   |                   |                                | * (1)                     |                                    | -        |                   | 070.00                 | ОН                         | -                   | 730.00                 |
| $\vdash$   | TAL CHARGEA                                     | BLE CLAINS                                | ( minus 20=       |                                | <i>.</i>                  |                                    |          | X\$ 9=            |                        | OR                         | X\$18≃              |                        |
| INDEPENDENT CLAIMS   |   |   |                   |                                |                           |                                    |          | X42=              |                        | OR                         | X84=                | 84                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                   |                                |                           |                                    | Γ        | +140=             |                        | OR                         | +280≈               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                   |                                |                           |                                    | <b>-</b> | TOTAL             |                        | OR                         | TOTAL               | 834                    |
| CLAIMS AS AMENDED - PART II  |   |   |                   |                                |                           |                                    |          | •                 |                        |                            | OTHER               |                        |
|  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |   |                   |                                |                           |                                    |          | SMALL E           |                        | OR                         | SMALL               |                        |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUMI<br>PREVIC<br>PAID         | BER<br>DUSLY              | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | * .                                       | Minus             | **                             |                           | =                                  |          | X\$ 9=            | . <del>.</del>         | OR                         | X\$18=              |                        |
|  | Independent                                     | *   | Minus             | ***                            |                           | =                                  |          | X42=              |                        | OR                         | X84≃                |                        |
| <u> </u>   | FIRST PRESE                                     | NTATION OF MU                             | JUIPLE DEF        | ENDENT                         | CLAIM                     |                                    |          | +140=             |                        | OR                         | +280=               |                        |
|  |   |   |                   |                                |                           |                                    | ٠٨٥      | TOTAL<br>DIT. FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |
|  |   | (Column 1)                                |                   | (Colur                         | nn 2)                     | (Column 3)                         | AD       | DUIT. FEE         |                        |                            | ADDII. FEET         |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                   |          | RATE:             | ADDI-<br>TIONAL<br>FEE | ·                          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus             | **                             |                           | ±                                  |          | X\$ 9=            |                        | OR                         | X\$18=              |                        |
|  | Independent                                     | *   | Minus             | ***                            |                           | =                                  |          | X42=              |                        | OR                         | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |                                |                           |                                    |          |                   |                        | Un                         |                     |                        |
|  | 1.5   |   |                   |                                |                           |                                    | Ŀ        | +140=             |                        | OŖ                         | +280=               |                        |
|  |   | •   |                   |                                |                           |                                    | AD       | TOTAL<br>DIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |   | (Column 1)<br>CLAIMS                      | 1                 | (Colur                         |                           | (Column 3)                         | 1        |                   |                        |                            |                     |                        |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus             | **                             |                           | =                                  |          | X\$ 9=            |                        | OR                         | X\$18=              |                        |
|  | Independent                                     | *   | Minus             | ***                            |                           | =                                  |          | X42=              |                        |                            | X84=                |                        |
|  | FIRST PRESE                                     | NTATION OF MI                             | LTIPLE DEPENDENT  |                                | CLAIM                     |                                    | -        |                   |                        | OR                         | ///                 |                        |
| * 1  | f the entry in colu                             | mn 1 is loss than th                      | ne entry in colu  | min O weite                    | "O" in and                | lump 2                             |          | +140=             |                        | OR                         | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |                   |                                |                           |                                    |          |                   |                        |                            |                     |                        |
|  | The "Highest Num                                | nber Previously Pai                       | id For" (Total or | Independe                      | จ เษรร เกล<br>ent) is the | u 3, enter "3."<br>: highest numbe |          |                   | ronriate hov           |                            |                     |                        |